**  
Service Provider Form  
Productivity and Innovation Voucher Program**

To complete the form, DOWNLOAD and SAVE it to your computer, then type in the requested information in the fields below. For additional information, please refer to the Productivity and Innovation Voucher Program Guidelines and FAQ.

## **ALL QUESTIONS MUST BE ANSWERED. If the response is not applicable, please write “n/a”.**

Please have the Service Provider you are working with for the proposed project complete this section of the application form which includes details of project scope, deliverables, timelines, and budget.

|  |  |
| --- | --- |
| Service Provider Name: |  |
| Full Department Name: |  |
| Researcher Name: *(Must be arm’s length from the company.)* |  |
| Primary Contact Name at Identified Service Provider: |  |

|  |
| --- |
| Project Plan: Provide the list of deliverables and associated timelines to complete the proposed project. |
|  |

|  |  |
| --- | --- |
| Expected project start date (MM/YYYY): |  |
| Expected project end date (MM/YYYY): |  |

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| --- |
| Identify any specialized equipment to be purchased and how it relates to the proposed project. |
|  |

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| --- | --- | --- |
| **Cost Description** | | **Cost ($CAD)** |
| Labour/Salaries | | $ 0.00 |
| Materials and Supplies | | $ 0.00 |
| Travel | | $ 0.00 |
| Specialized Equipment | | $ 0.00 |
| Other: |  | $ 0.00 |
| Overhead (cannot exceed 20%) | | $ 0.00 |
| **Project Total** | | **$ 0.00 [SUM of Above Costs]** |
| Voucher Amount Requested | | $ 0.00 |

The project and budget have been reviewed by the Industry Liaison Office, or equivalent, of the Service Provider listed above.

|  |  |
| --- | --- |
| Signature: |  |
| Title: |  |
| Date (MM/DD/YYYY): |  |

**Completed Service Provider Forms to be uploaded in the online Productivity and Innovation Voucher Program Application Form.**